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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10/25027

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
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Total Indep	1		1			
Total Depend	6		6			
Total Claims	7		7			
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Total Indep						
Total Depend						
Total Claims						

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